

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF ANTONIO S. CAMACHO	COURT CASE NUMBER CA 05-0043 USDC NMI
DEFENDANT CNMI DEPT OF PUBLIC LANDS & CNMI DEPT OF PUBLIC WORKS	TYPE OF PROCESS WRIT OF EXECUTION

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Bank of Guam - Marcie Tomokane Vice President & CNMI Regional Manager or Designate  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 PO BOX 500678 Saipan MP 96950 / 670-236-2700 TEL / 670-233-5003 FAX

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
MR. Gregory J. Koebel ESQ. O'CONNOR BERMAN DOTTS & BANES PO BOX 501969 SAIPAN MP 96950 / www.pacific-lawyers.com 670-234-5684 / 670-234-5603 (FAX) / attorneys@saipan.com	Number of parties to be served in this case	5
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Located at the Oleai Center on Beach Rd. adjacent to Joeten Ford & Pacific Medical Center

Other Contact Information: marci.tomokane@bankofguam.com or bankofguam.com

Checks up to the full amount of the Judgment, as shown on the Writ of Execution, should be made out to the following:

"Trust Account of O'Connor Berman Dotts & Banes".

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 670-234-5684	DATE 10/27/08
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 005	District to Serve No. NMI	Signature of Authorized U.S. Marshal Deputy or Clerk <i>[Signature]</i> W. U. Calvert	Date 10/28/08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

AS Above

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
10/28/08  
Time  
1341 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy  
*[Signature]* W. U. Calvert

Service Fee \$45.00	Total Mileage Charges including endeavors \$5.00	Forwarding Fee	Total Charges \$50.00	Advance Deposits \$50.00	Amount owed to U.S. Marshal or Deputy (Amount of Refund*) \$0.00
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### REMARKS:

\$45.00 Service & \$5.00 mileage Fee's in advance; Adjustments for additional billing or refunds upon completion of service.

Retention from Mrs Tomokane indicates presence of Accounts were likely

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

# RECEIVED

OCT 28 2008

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/80

US MARSHALS SERVICE-CNMI